

09/479,302

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>10/21/00</i>
O.I.P.E. CLASSIFIER		<i>1028</i>	<i>8/10/00</i>
FORMALITY REVIEW		<i>109652</i>	<i>02/10/00</i>
RESPONSE FORMALITY REVIEW			<i>03/14/00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY